

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/777285</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<u>2</u>		<u>2</u>				TOTAL IND.						
TOTAL DEP.	<u>18</u>		<u>18</u>				TOTAL DEP.						
TOTAL CLAIMS	<u>20</u>		<u>20</u>				TOTAL CLAIMS						